

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
0915921695
FILING DATE
APPLICANT(S)

4-5-04

CLAIMS

APPLIED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/			
2	/			
3	/			
4				
5				
6				
7	/			
8	/			
9	/			
10	/			
11	/			
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46				
47				
48				
49				
50				
TOTAL IND.	3	0	0	0
TOTAL DEP.	10	0	0	0
TOTAL CLAIMS	13			

#	IND.	DEP.	#	IND.	DEP.	#	IND.	DEP.
51								
52								
53								
54								
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100								
TOTAL IND.		0	0	0	0	0	0	0
TOTAL DEP.		0	0	0	0	0	0	0
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS